Flexible Funding Application

Flexible Funding Applicants: complete this application form with your Support Coordinator, who will transmit it to the Fairfax-Falls Church Community Services Board (CSB) to request Flexible Funding to help you secure housing and/or prevent the loss of your housing. Flexible Funding must be used in accordance with the Flexible Funding Guidelines. The Guidelines are available at https://dbhds.virginia.gov/developmental-services/housing/flexible-funding.

The application deadline for Funding Option #1 is no later than 30 days after the lease start date. The application deadline for Funding Option #2 is no later than 30 days after a written warning or violation notice is issued by the applicant's landlord or rental assistance program, or, if the applicant is making a subsequent transition, 30 days after the lease start date.

All applications must include a copy of the applicant's lease or a welcome letter from property management. If a third party is requesting reimbursement for eligible expenses, include a Reimbursement Request (Attachment D) and documentation of eligible expenditures and an Acknowledgement of Goods or Services Received form (Attachment E) with the application submission. ***Documentation of eligible expenditures is required for all reimbursement requests (e.g., invoices or paid receipts) and cannot include any items that are unrelated to the Flexible Funding request.*** See Attachment C for a list of acceptable forms of documentation. Applications for Funding Option #2 must also include a Housing Stability Plan, unless the request is solely for Subsequent Housing Transition Services and Supports.

The Flexible Funding Administrator will not issue reimbursement for goods or services purchased by the applicant or a third party until and unless the Flexible Funding Administrator receives a completed Acknowledgement of Goods or Services Received with the application submission. If the Flexible Funding Administrator directly purchased goods or services for the applicant, then the applicant must submit this form after receiving these goods or services. Applicants who do not submit this form are prohibited from making future Flexible Funding requests.

Support Coordinators: Please submit the application package through encrypted email to CSBFlexFunding@fairfaxcounty.gov. If you have questions, please contact Mike Suppa at 703-383-8412 by email: Mike.Suppa@Fairfaxcounty.gov.

Applicant Certification

I have completed this Flexible Funding application with the assistance of my support coordinator. All of the information I have provided is accurate to the best of my knowledge. I understand that if I misuse the funds granted to me, I may be prohibited from accessing Flexible Funding in the future. I also understand that the CSB and DBHDS may pursue repayment action and/or legal action to recover funds that I misuse.

Applicant's (Guardian's) Signature:_____ Date:_____

Support Coordinator's Signature:_____ Date:_____

Applicant's Information

1. Applicant's first and last name: _____
2. Date of birth: Month:_____ Day:_____ Year: _____
3. Applicant's Medicaid Waiver status (*place an "X" next to the correct status)*:

   ___ I have a Medicaid Developmental Disabilities (DD) Waiver

   ___ I am on the Medicaid DD Waiver waitlist

   ___ Other (please explain): _____

4. Have you ever received Flexible Funding before? ❑ YES ❑ NO

   If yes, which Community Services Board provided you funding? _____

5. Name of Support Coordinator (SC) /Case Manager _____

   Name of SC's Organization: _____

   SC's Phone Number: _____ SC's Email Address: _____

6. Is this the individual's first transition to independent housing? ❑ YES ❑ NO

7. If the applicant is making the initial transition to housing, what is his/her current living setting: (e.g. training center, Intermediate Care Facility, nursing facility, group home, family home, individual's own home, etc.): _____

8. Address of the unit for which the individual needs Flexible Funding (Street Address, City, State & Zip): _____

9. Who will live with the individual at this address?

Name	**Relationship (e.g., friend, sibling, parent, grandparent, guardian, unrelated caregiver)**

10. Is the address where Flexible Funding is needed one of the following? *(check any that apply)*

❑ Nursing home ❑ Board and care home ❑ College or other school dormitory ❑ Rooming house

❑ College or school dormitory ❑ Accessory dwelling unit operating without a permit ❑ Owner-occupied unit

❑ Residential program licensed by DBHDS or DSS (e.g., group home, residential treatment program, adult care residence, assisted living facility)

❑ A dwelling on the grounds of a penal, reformatory, medical, mental or similar public/private institution

❑ A facility providing continual psychiatric, medical or nursing services

❑ A dwelling without a permit from the local zoning administrator to lease part of the residence as a rental unit

❑ A non-residential setting (e.g., a homeless shelter, extended stay hotel, vacation timeshare, camper or recreational vehicle)

11. Is the address where Flexible Funding is needed a shared housing arrangement? ❑ YES ❑ NO

12. What other resources have you attempted to secure for the individual (e.g., Housing Choice Voucher, State Rental Assistance Program (SRAP), Dominion utility assistance vouchers, Medicaid Waiver, etc.)? _____

13. Check the other resources the individual is utilizing:
    - ❑ Housing Choice Voucher
    - ❑ State Rental Assistance Program (SRAP)
    - ❑ Medicaid Waiver environmental modifications
    - ❑ Medicaid Waiver transition services
    - ❑ Medicaid Waiver assistive technology

14. Lease Date or anticipated lease date (attach a copy of the lease or welcome letter from the property: _____

Flexible Funding Request

14. What type of Flexible Funding request is this (check one)?

☐ Request for Assistance to Obtain Housing (one-time maximum of $5,000 based upon justification)
☐ Request for Assistance to Maintain Housing (cumulative maximum of $5,000 based on justification)

Please check all funding categories that apply and include the amount(s) requested.

Requested Funding Category **(see Attachment C for required documentation applicable to each category)**	**Amount Requested**
Assistance to Obtain Housing	
☐ Temporary Rental Assistance • Not to exceed two month's rent if environmental modifications are being made • Not to exceed one month's rent if renting from a private owner and rent subsidy payment is delayed	
☐ Initial Housing Transition Services and Supports covers security deposits, utility connection fees and deposits, rent arrearages, moving expenses, temporary hotel stays, essential furniture and household supplies, Community Housing Guide (CHG) services for individuals on the DD Waiver Waitlist, and Shared Living start-up services. See a list of allowable furniture and household supplies in Attachment A. List which initial housing transition services and supports you are requesting: _____ _____ _____ _____ If you are requesting CHG or Shared Living Services, what is the name of the provider agency? _____	
☐ Environmental Modifications not covered by another source	
☐ Assistive Technology Improvements not covered by another source	
☐ Miscellaneous *(Please attach a description of how funds will be used)* covers non-traditional costs that are temporary in nature and related to lapses in coordination of benefits and other related occurrences. Must receive prior written authorization from DBHDS to use this funding category.	

Assistance to Maintain Housing* *Attach the individual's Housing Stability Plan to this application*	
☐ Emergency Rent Payment & Associated Late Fees covers tenant's portion of the rent and any associated late fees. Limited to three months of rent and three late fees per lease year.	
☐ Last Resort Utility Assistance covers gas, electric, oil, propane, water and sewer bills that are in arrears. Limited to a maximum of $500 per lease year.	
☐ Housekeeping Activities covers specialized cleaning, chore services, pest extermination and trash removal. Limited to $500 per lease year.	
☐ Unit Repairs covers tenant damage to the unit that cannot be paid by owner's or renter's insurance. Limited to one request per lease year, not to exceed $500.	
☐ Temporary Relocation covers temporary relocation expenses if rental housing is damaged, flooded, contaminated by a biohazard or condemned. Limited to one request per lease year, not to exceed $2,500.	
☐ Subsequent Housing Transition Services and Supports covers security deposits, utility connection fees and deposits, rent arrearages, moving expenses, and Community Housing Guide services for individuals on the DD Waiver waitlist.	

Requested Funding Category **(see Flexible Funding Guidelines for Category Descriptions)**	**Amount Requested**
☐ Miscellaneous Tenant Support *(Please attach a description of how funds will be used)* covers temporary, non-traditional tenancy support costs related to lapses in coordination of benefits and services that place an individual at risk of eviction. Must receive prior written authorization from DBHDS to use this funding category.	
*Employment and Community Transportation Assistance** *see Flexible Funding Memo & Guidelines for required documentation to submit with application.*	
☐ Employment & Community Transportation covers transportation for trips with a non-medical purpose that are related to the individual's ISP goals. Two travel methods are covered: (1) transportation in a private vehicle by a person such as a co-worker or other community member or (2) the purchase of tickets or farecards for public transportation such as a bus or subway. Attach the Flexible Funding Trips Plan approved by DBHDS.	
TOTAL REQUEST	

* Applicants may not seek, accept or retain Flexible Funding assistance from the CSB for amounts paid by the tenant or by a third party such as an insurance provider or another program that provides financial assistance.

15. Please explain the justification for the Flexible Funding request in the relevant category/categories below:

Category	**Describe the Barrier(s) the Individual Is Experiencing:**	**How Will the Goods, Services and/or Transportation Requested Remove These Barriers?**
Obtaining Housing		

Category	Describe the Barrier(s) the Individual Is Experiencing:	How Will the Goods, Services and/or Transportation Requested Remove These Barriers?
Maintaining Housing		

CSB OFFICE USE ONLY: FUNDING ELIGIBILITY DETERMINATION

☐ APPROVED ☐ NOT APPROVED

Attachment A
Allowable Furniture and Household Supplies

Flexible Funding requests for furniture and household items are limited to the items on this list. The maximum funding request for furniture and household supplies is $2,000. Applicants who purchase furniture and household supplies that exceed this cap are financially responsible for any unfunded expenses.

- ☐ One bed for the eligible individual (including mattress, box spring and frame)
- ☐ One set of bed linens for the eligible individual
- ☐ One towel set for the eligible individual
- ☐ One bed for a live-in aide (including mattress, box spring and frame)
- ☐ One set of bed linens for a live-in aide
- ☐ One towel set for a live-in aide
- ☐ One dining table and chair set
- ☐ One dresser for the eligible individual
- ☐ One dresser for a live-in aide
- ☐ One sofa or living room chair
- ☐ One set of plates
- ☐ One set of silverware
- ☐ One set of glassware
- ☐ One saute pot
- ☐ One frying pan
- ☐ One lamp in every room without overhead lighting
- ☐ One area rug in any room where required by the lease
- ☐ One mop
- ☐ One broom
- ☐ One dustpan
- ☐ One toilet brush
- ☐ One vacuum cleaner

All other furniture and household supplies are not considered essential to the use and occupancy of housing and will not be approved. Submit an itemized store quote or invoice stating the amount due, or itemized store receipts stating the amount paid for requested items. Quotes/invoices must contain only the requested furniture and household supplies. Receipts must include only eligible furniture and household supply items. Receipts that contain unidentified items or items unrelated to the request will be rejected.

Attachment B
Plan to Maintain Stable Housing

Flexible Funding is not a long term source of financial assistance to help individuals maintain their housing: there are limits and caps on assistance. Therefore, individuals who request assistance for Funding Option #2must put plans in place to prevent future housing emergencies and reduce the likelihood of the same housing problem occurring again. If the individual is requesting assistance to maintain housing, please complete this plan to maintain stable housing and the household spending plan and submit them to the CSB Program Administrator with the Flexible Funding request. Requests with realistic, achievable plans will be considered for funding.

Individual's Name:
Address:
Phone Number:

Support Coordinator's Name:
Phone Number:
Email:

Landlord's Name:
Company Name:
Address:
Phone Number:
Email:

Maintenance After Hours Phone Number:
Email:

Prevention Planning

Here are the steps I will take to prevent a housing emergency:

- ☐ I will put $_____per month into an emergency rent fund (can be a checking/savings account, a fund held by family)
- ☐ I will put $_____per month into a move-out fund to cover damages to my current unit and a security deposit for a future unit
- ☐ I will pay my bills on time and review my household budget every month
- ☐ I will check with my landlord every three months to see if I am following the rules of my lease
- ☐ I will let my landlord know when something in my house needs to be repaired
- ☐ I will take good care of my apartment (vacuum the carpets, sweep/mop the floors, clean the sinks and toilets, dust, take out trash, etc.).
- ☐ I will keep the noise down so people can't hear what is happening in my house through the walls, floor or ceiling
- ☐ Other: _____
- ☐ Other: _____

Emergency Planning

1. What will I do if I do not have enough money to pay my rent or utilities this month (electric, gas, water, etc.)?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

2. What will I do if I do not have enough money to pay for other things this month (such as food, transportation, phone, cable, laundry, etc.)?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

3. What will I do if something in my apartment breaks and I have to move temporarily until it is fixed (e.g. a few days)?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

4. What will I do if I get a letter from my landlord saying I have broken the rules of my lease and I have to fix the problem or move out in 30 days?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

5. What will I do if I get a letter saying my landlord will not renew my lease for another year?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

6. What will I do if_____?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

7. What will I do if_____?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

8. What will I do if_____?

PLAN	ACTION	CONTACT PERSON	PHONE	EMAIL
A				
B				
C				

Household Spending Plan

This budget estimates the individual's income and expenses in rental housing. Under Flexible Expenses, be realistic about wants and needs. Apportion expenses to be shared among housemates, and include only the individual's share in this budget. For expenses which will be fully paid by another source (e.g., a Special Needs Trust, ABLE Account, family, etc.), provide the name of the source in the "Alternative Source" column and do not list an amount in the "Cost" column.

Monthly Net Income			**Monthly Flexible Expenses**	**Cost**	**Alternative Source**
Earned Income	$		Savings	$	
SSI	$		Groceries	$	
SSDI	$		Eating Out	$	
SSA	$		Entertainment/Hobbies	$	
Pension	$		Laundry	$	
Other	$		Cleaning/Household Supplies	$	
TOTAL INCOME [A]	$		Gasoline/Bus/Taxi	$	
			Newspaper/Magazines	$	
Monthly Fixed Expenses	**Cost**	**Alternative Source**	Alcohol/Cigarettes	$	
Rent*	$		Tuition/Books	$	
** If the individual has a rent subsidy, insert the tenant rent contribution. If the individual does not have a rent subsidy, insert the total monthly rent as required by the lease.*			Barber/Beautician	$	
			Auto Maintenance	$	
			Doctor/Dentist	$	
			Pets	$	
			Parking	$	
Electric	$		Repairs	$	
Gas/Oil	$		Other 1	$	
Water/Sewer	$		Other 2	$	
Home Phone	$		Other 3	$	
Cell Phone	$		Other 4	$	
Internet Service	$		**TOTAL FLEXIBLE [D]**	$	
Trash Pickup	$				
Cable	$		**FIXED [B]**	$	
Medical Insurance	$		**DEBT [C]**	$	
Auto Insurance	$		**FLEXIBLE [D]**	$	
Life Insurance	$		**TOTAL EXPENSES [E]**	$	
Renters Insurance	$				
Alimony	$		Subtract Expenses from Income (A-E)		
Child Support	$		TOTAL INCOME (A)		
Child Care	$		TOTAL EXPENSES (E)	$	
Other	$		**DIFFERENCE + OR -**	$	
TOTAL FIXED [B]	$		**NOTES:**		
Monthly Debt Payments	**Cost**	**Alternative Source**			
Installment Loans	$				
Automobile Loan	$				
Credit Card Payments	$				
TOTAL DEBT [C]	$				

Attachment C
Required Supporting Documentation for Flexible Funding Requests

Applicants must submit documentation for all program expenditures. Submit applications and supporting documentation for requests to obtain housing no later than 30 days after the date of lease execution. Submit applications and supporting documentation for requests related to maintaining housing no later than 30 days after receiving a written warning or violation notice, OR after the date of lease execution, whichever date is applicable to the circumstances.

Supporting documentation for each funding category may include, but not be limited to, the items listed below.

Requests for Assistance to Obtain Housing

A. **Temporary Rental Assistance** – Submit documentation from the property owner/manager showing the balance paid or due.

B. **Initial Housing Transition Services and Supports (IHTSS)**

1. ***Security deposits:*** Submit a copy of the lease, a welcome letter on the property's letterhead that states the security deposit amount due, or a receipt for the security deposit amount paid.

2. ***Utility connection fees and deposits:*** Submit a copy of the utility statement that documents the fee and/or deposit amount paid or due. For utility arrearages, submit a utility statement or a statement from a collections agency that indicates the balance that is past due.

3. ***Rent arrearages:*** Submit a copy of the statement from the collections agency or the property that reflects the balance that is past due.

4. ***Moving expenses:*** Submit an invoice from a truck rental company or a licensed moving company stating the amount paid or due.

5. ***Temporary Hotel Stay:*** Submit documentation showing progress toward the transition to housing in order to receive approval for an additional increment. Submit an invoice, bill or receipt from a hotel provider stating the amount paid or due.

6. ***Essential Furniture and Household Supplies:*** Submit an itemized store quote or invoice stating the amount due, or itemized store receipts stating the amount paid for requested items. Quotes/invoices must contain only the requested furniture and household supplies. Receipts must include only eligible furniture and household supply items. Receipts that contain unidentified items or items unrelated to the request will be rejected.

7. ***Community Housing Guide***: Submit a signed written service agreement with the Community Housing Guide Provider and an itemized bill or invoice showing the amount paid or due. The agreement must specify:

    a. the housing transition tasks/activities the provider will perform for the individual
    b. the rate the provider will charge for these activities (e.g., $X per hour, day, etc.)
    c. the "Not to Exceed" cost of $326.50/month
    d. the start and end date of the service agreement, which cannot exceed two months

8. ***Shared Living Start-Up Services:*** Submit a signed written service agreement with the Shared Living Provider and an itemized bill or invoice showing the amount paid or due. The agreement must specify:

a. the set-up tasks/activities the provider will perform for the individual
b. the rate the provider will charge for these activities (e.g., $X per hour, day, etc.)
c. the "Not to Exceed" cost of $326.50/month
d. the start and end date of the service agreement, which cannot exceed two months

C. **Environmental Modifications** – Submit an itemized bill or invoice from the environmental modifications provider showing the amount paid or due.

D. **Assistive Technology Improvements** – Submit an itemized bill or invoice from the assistive technology provider showing the amount paid or due.

E. **Miscellaneous Assistance to Obtain Housing** – Submit a copy of an itemized bill or invoice from a contractor or the property owner/manager showing the balance paid or due, or itemized store receipts that detail the items rented or purchased. The Flexible Funding Administrator must provide a written request describing the proposed use to DBHDS and DBHDS must provide prior written authorization before this category may be used.

Requests for Support to Maintain Housing

In addition to this application form and the supporting documentation listed below, applicants seeking assistance to maintain housing must submit a Housing Stability Plan and Household Spending Plan to the CSB serving as the fiscal agent (see Attachment B).

A. **Emergency rent payment and associated late fees -** Submit a copy of the applicant's rent ledger from the property owner or manager that shows rent is delinquent or a copy of a Pay or Quit Notice.

B. **Last resort utility assistance** - Submit a copy of the applicant's utility billing statement showing payment is past due; a statement of utility fees, fines or charges from the property owner or manager; or a shut-off notice from the utility company.

C. **Housekeeping activities** - Submit a copy of an itemized bill or invoice from a service contractor or the property owner/manager showing the balance paid or due, or itemized store receipts that detail equipment rented and supplies purchased.

D. **Unit repairs** - Submit a copy of an itemized bill or invoice from the repair contractor showing the balance paid or due, or itemized store receipts that detail equipment rented and supplies purchased for repairs.

E. **Temporary relocation** - The applicant must submit documentation the unit did not pass a housing inspection for health and safety reasons from a rent assistance program or a written notice from the Landlord or local code official stating the applicant may not return to the unit. Applicants must also submit a copy of an itemized bill or invoice from the hotel showing the dates of lodging, daily rate and the balance paid or due.

F. **Subsequent Housing Transition Services and Supports (SHTSS)**

1. ***Security deposits:*** Submit a copy of the lease, a welcome letter on the property's letterhead that states the security deposit amount due or a receipt for the security deposit amount paid.

2. ***Utility connection fees and deposits:*** Submit a copy of the utility statement that documents the fee and/or deposit amount paid or due. For utility arrearages, applicants must submit a utility statement or a statement from a collections agency that indicates the balance that is past due.

3. ***Rent arrearages:*** Submit a copy of the statement from the collections agency or the property that reflects the balance that is past due.

4. ***Moving expenses:*** Submit an invoice from a truck rental company or a licensed moving company stating the amount paid or due.

5. ***Community Housing Guide:*** Submit a signed written service agreement with the Community Housing Guide Provider and an itemized bill or invoice showing the amount paid or due. The agreement must specify:

   a. the housing transition tasks/activities the provider will perform for the individual
   b. the rate the provider will charge for these activities (e.g., $X per hour, day, etc.)
   c. the "Not to Exceed" cost of $326.50/month
   d. the start and end date of the service agreement, which cannot exceed two months

G. **Miscellaneous Assistance to Maintain Housing** – Submit a copy of an itemized bill or invoice from a contractor or the property owner/manager showing the balance paid or due, or itemized store receipts that detail the items rented or purchased. The Flexible Funding Administrator must provide a written request describing the proposed use to DBHDS and DBHDS must provide prior written authorization before this category may be used.

Attachment D
Flexible Funding Reimbursement Request

Applicants who request Flexible Funding to reimburse a third party for expenses paid on the applicant's behalf must complete and submit this request form with the Flexible Funding application. Attach an itemized receipt for each good and/or service included in this request. Receipts for furniture and household supplies must include only eligible furniture and household supply items and related delivery charges, if applicable. Receipts that contain unidentified items or items unrelated to the request will be rejected. Submit a separate Reimbursement Request for each party to be reimbursed.

Item or Service	Purchase Date	Amount Paid

Applicant First & Last Name:_____

Third Party Contact First & Last Name:_____ Date of Request:_____

Third Party Contact Title (if applicable):_____

Relationship to Applicant: ☐ Family Member ☐ Service Provider ☐ Other (describe):_____

Provider Organization Name (if applicable):_____

Address of Party to Be Reimbursed: _____

Phone # of Party to Be Reimbursed:_____ Email of Party to Be Reimbursed:_____

Signature of Party to Be Reimbursed:_____

ATTACHMENT E
FLEXIBLE FUNDING ACKNOWLEDGEMENT OF GOODS OR SERVICES RECEIVED

Instructions: Please complete and submit this form to the Flexible Funding Administrator and attach packing slips, receipts or other documentation that verifies the items received and/or work performed. The Flexible Funding Administrator will not issue reimbursement for goods or services purchased by the applicant or a third party until and unless the Administrator receives a completed Acknowledgement form. Applicants for whom the Flexible Funding Administrator directly purchased goods or services must submit this form after receiving these goods or services. Applicants who do not submit this form are prohibited from making future Flexible Funding requests.

Applicant's First and Last Name:_____ Date _____

Case Manager/Support Coordinator Name: _____

Name of Third Party Purchaser (if any): _____

Third Party Phone #:_____ Third Party Email Address: _____

Date item(s) received and/or work completed: _____

Description of item(s) received/work completed: _____
_____
_____

Check all that apply:

___ The work described above was completed according to the agreement. I am satisfied with the work performed.

___ I have received the above listed items and I am satisfied with the product.

___ I have received the associated warranty information.

___ I am not satisfied with the work/product that I received. I would like my support coordinator and/or Flexible Funding Administrator to contact me to discuss these concerns.

Comments: _____
_____

Signatures:

_____ _____
Applicant Date

_____ _____
Substitute Decision Maker (if applicable) Date

I attest that I have viewed the items and/or work described above in the applicant's home.

_____ _____
Support Coordinator Date